3:30

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Coy Wiles DATE 3-23-87 PERMIT NO.

PHONE: Business Home

LOCATION 801 TL on Triplett Rd X bridge go ~1.0 mile TL to drive in to the woods S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

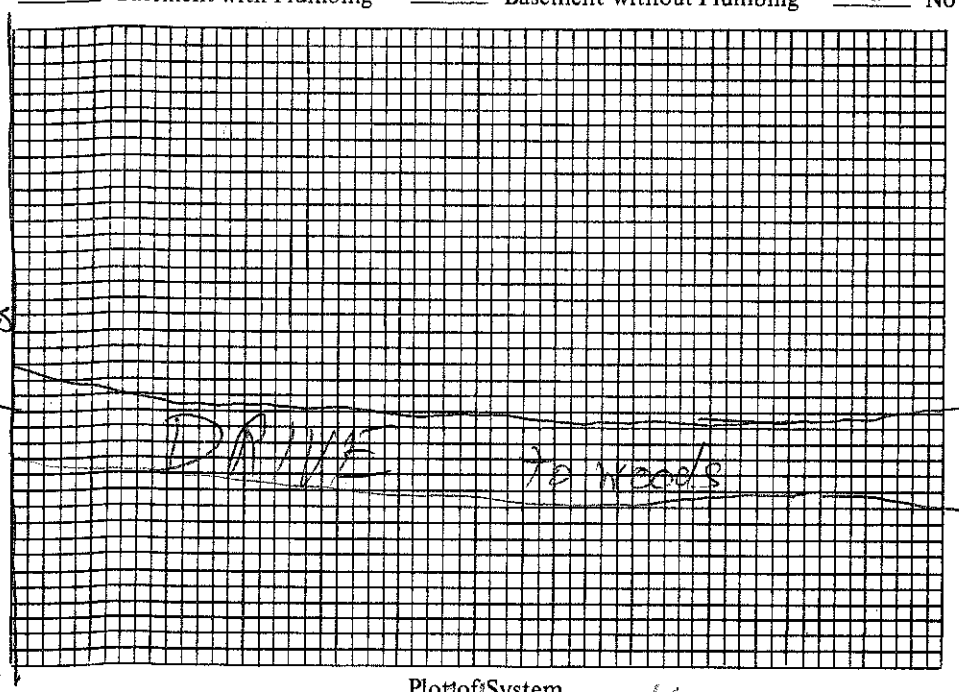
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	C/gy	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.45 gal/ft²/day	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 8%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	41	
			Rock or other impervious formations	None obs on Property IND	

Lot Area acreage

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

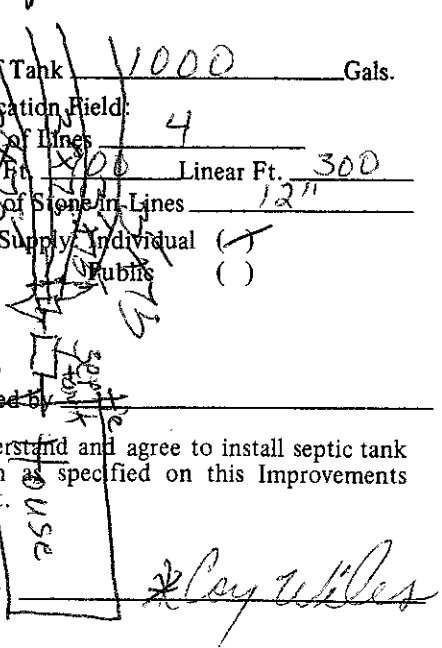
No. of Lines 4

Sq. Ft. 400 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Installed by

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: *Coy Wiles

IMPROVEMENTS PERMIT BY Charles K. Brendt

COMMENTS: keep system shallow & follow contours ditches no deeper than 3.5 feet Relayout

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY: DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold